

**FORM INS-2****Due 01/31/06****MAINE ESTIMATED MONTHLY RETURN FOR
FIRE INVESTIGATION AND PREVENTION TAX
January, 2006*****0631000*****Instructions and worksheet are on the reverse side of this return.**

Company _____	MRS Insurance Account Number _____
Address _____	Estimated Payment
_____	(see instructions on back) \$ _____, _____, _____ .00
*Signature _____	PAYMENT MUST ACCOMPANY RETURN
Name/Title _____	
Telephone _____	
<small>*Must be signed by the President, Treasurer, Secretary, Chief Accounting Officer, or Attorney-in-Fact of a Reciprocal Insurer.</small>	

Make check payable to : Treasurer, State of Maine

Send return with check to: Maine Revenue Services, P.O.Box 9120
Augusta, ME 04332-9120

**FORM INS-2****Due 02/28/06****MAINE ESTIMATED MONTHLY RETURN FOR
FIRE INVESTIGATION AND PREVENTION TAX
February, 2006*****0631000*****Instructions and worksheet are on the reverse side of this return.**

Company _____	MRS Insurance Account Number _____
Address _____	Estimated Payment
_____	(see instructions on back) \$ _____, _____, _____ .00
*Signature _____	PAYMENT MUST ACCOMPANY RETURN
Name/Title _____	
Telephone _____	
<small>*Must be signed by the President, Treasurer, Secretary, Chief Accounting Officer, or Attorney-in-Fact of a Reciprocal Insurer.</small>	

Make check payable to : Treasurer, State of Maine

Send return with check to: Maine Revenue Services, P.O.Box 9120
Augusta, ME 04332-9120

**FORM INS-2****Due 03/31/06****MAINE ESTIMATED MONTHLY RETURN FOR
FIRE INVESTIGATION AND PREVENTION TAX
March, 2006*****0631000*****Instructions and worksheet are on the reverse side of this return.**

Company _____	MRS Insurance Account Number _____
Address _____	Estimated Payment
_____	(see instructions on back) \$ _____, _____, _____ .00
*Signature _____	PAYMENT MUST ACCOMPANY RETURN
Name/Title _____	
Telephone _____	
<small>*Must be signed by the President, Treasurer, Secretary, Chief Accounting Officer, or Attorney-in-Fact of a Reciprocal Insurer.</small>	

Make check payable to : Treasurer, State of Maine

Send return with check to: Maine Revenue Services, P.O.Box 9120
Augusta, ME 04332-9120

INSTRUCTIONS

Estimated Payment. Every fire insurance company or association that does business or collects premiums or assessments in Maine is required by statute to pay **1.4%** of the gross direct premiums for fire risks written in Maine, less the amount of all direct return premiums and all dividends paid to policyholders on direct fire premiums. The tax must be paid on an estimated basis at the end of each month, with each installment equal to at least 1/12 of the estimated total tax to be paid for the current calendar year. \$, , .00

INTEREST & PENALTY

Beginning January 1, 2006, the interest rate is 0.833% per month; 10% per year, compounded monthly.

The penalty for failure to file a return on time is the greater of \$25 or 10% of the tax due, unless the return is filed more than 30 days after the receipt of a demand notice from the State Tax Assessor, in which case the failure-to-file penalty becomes 100% of the tax otherwise due.

The penalty for failure to pay a tax liability timely is 1% of the outstanding liability for each month or fraction thereof during which the failure continues, to a maximum of 25% of the outstanding liability.

STATUTORY REFERENCES

This return is made in compliance with 36 M.R.S.A. § 2521-A and 25 M.R.S.A. § 2399.

INSTRUCTIONS

Estimated Payment. Every fire insurance company or association that does business or collects premiums or assessments in Maine is required by statute to pay **1.4%** of the gross direct premiums for fire risks written in Maine, less the amount of all direct return premiums and all dividends paid to policyholders on direct fire premiums. The tax must be paid on an estimated basis at the end of each month, with each installment equal to at least 1/12 of the estimated total tax to be paid for the current calendar year. \$, , .00

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STATUTORY REFERENCES

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STATUTORY REFERENCES

This return is made in compliance with 36 M.R.S.A. § 2521-A and 25 M.R.S.A. § 2399.

**FORM INS-2****Due 05/01/06****MAINE ESTIMATED MONTHLY RETURN FOR
FIRE INVESTIGATION AND PREVENTION TAX
April, 2006**

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0631000

Instructions and worksheet are on the reverse side of this return.

Company _____

MRS Insurance Account Number _____

Address _____

Estimated Payment

(see instructions on back) \$ _____, _____, _____.00

*Signature _____

PAYMENT MUST ACCOMPANY RETURN

Name/Title _____

Telephone _____

*Must be signed by the President, Treasurer, Secretary, Chief Accounting Officer, or Attorney-in-Fact of a Reciprocal Insurer.

Make check payable to : Treasurer, State of Maine
Send return with check to: Maine Revenue Services, P.O.Box 9120
Augusta, ME 04332-9120**FORM INS-2****Due 05/31/06****MAINE ESTIMATED MONTHLY RETURN FOR
FIRE INVESTIGATION AND PREVENTION TAX
May, 2006**

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0631000

Instructions and worksheet are on the reverse side of this return.

Company _____

MRS Insurance Account Number _____

Address _____

Estimated Payment

(see instructions on back) \$ _____, _____, _____.00

*Signature _____

PAYMENT MUST ACCOMPANY RETURN

Name/Title _____

Telephone _____

*Must be signed by the President, Treasurer, Secretary, Chief Accounting Officer, or Attorney-in-Fact of a Reciprocal Insurer.

Make check payable to : Treasurer, State of Maine
Send return with check to: Maine Revenue Services, P.O.Box 9120
Augusta, ME 04332-9120**FORM INS-2****Due 06/30/06****MAINE ESTIMATED MONTHLY RETURN FOR
FIRE INVESTIGATION AND PREVENTION TAX
June, 2006**

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0631000

Instructions and worksheet are on the reverse side of this return.

Company _____

MRS Insurance Account Number _____

Address _____

Estimated Payment

(see instructions on back) \$ _____, _____, _____.00

*Signature _____

PAYMENT MUST ACCOMPANY RETURN

Name/Title _____

Telephone _____

*Must be signed by the President, Treasurer, Secretary, Chief Accounting Officer, or Attorney-in-Fact of a Reciprocal Insurer.

Make check payable to : Treasurer, State of Maine
Send return with check to: Maine Revenue Services, P.O.Box 9120
Augusta, ME 04332-9120

INSTRUCTIONS

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The penalty for failure to pay a tax liability timely is 1% of the outstanding liability for each month or fraction thereof during which the failure continues, to a maximum of 25% of the outstanding liability.

STATUTORY REFERENCES

This return is made in compliance with 36 M.R.S.A. § 2521-A and 25 M.R.S.A. § 2399.

INSTRUCTIONS

Estimated Payment. Every fire insurance company or association that does business or collects premiums or assessments in Maine is required by statute to pay **1.4%** of the gross direct premiums for fire risks written in Maine, less the amount of all direct return premiums and all dividends paid to policyholders on direct fire premiums. The tax must be paid on an estimated basis at the end of each month, with each installment equal to at least 1/12 of the estimated total tax to be paid for the current calendar year. \$, , .00

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STATUTORY REFERENCES

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INSTRUCTIONS

Estimated Payment. Every fire insurance company or association that does business or collects premiums or assessments in Maine is required by statute to pay **1.4%** of the gross direct premiums for fire risks written in Maine, less the amount of all direct return premiums and all dividends paid to policyholders on direct fire premiums. The tax must be paid on an estimated basis at the end of each month, with each installment equal to at least 1/12 of the estimated total tax to be paid for the current calendar year. \$, , .00

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STATUTORY REFERENCES

This return is made in compliance with 36 M.R.S.A. § 2521-A and 25 M.R.S.A. § 2399.

**FORM INS-2****Due 07/31/06****MAINE ESTIMATED MONTHLY RETURN FOR
FIRE INVESTIGATION AND PREVENTION TAX****July, 2006**

0631000

Instructions and worksheet are on the reverse side of this return.

Company _____

MRS Insurance Account Number _____

Address _____

Estimated Payment

(see instructions on back)

\$ _____, _____, _____.00

*Signature _____

PAYMENT MUST ACCOMPANY RETURN

Name/Title _____

Telephone _____

*Must be signed by the President, Treasurer, Secretary, Chief
Accounting Officer, or Attorney-in-Fact of a Reciprocal Insurer.

Make check payable to :

Treasurer, State of Maine

Send return with check to:

Maine Revenue Services, P.O.Box 9120

Augusta, ME 04332-9120

**FORM INS-2****Due 08/31/06****MAINE ESTIMATED MONTHLY RETURN FOR
FIRE INVESTIGATION AND PREVENTION TAX****August, 2006**

0631000

Instructions and worksheet are on the reverse side of this return.

Company _____

MRS Insurance Account Number _____

Address _____

Estimated Payment

(see instructions on back)

\$ _____, _____, _____.00

*Signature _____

PAYMENT MUST ACCOMPANY RETURN

Name/Title _____

Telephone _____

*Must be signed by the President, Treasurer, Secretary, Chief
Accounting Officer, or Attorney-in-Fact of a Reciprocal Insurer.

Make check payable to :

Treasurer, State of Maine

Send return with check to:

Maine Revenue Services, P.O.Box 9120

Augusta, ME 04332-9120

**FORM INS-2****Due 10/02/06****MAINE ESTIMATED MONTHLY RETURN FOR
FIRE INVESTIGATION AND PREVENTION TAX****September, 2006**

0631000

Instructions and worksheet are on the reverse side of this return.

Company _____

MRS Insurance Account Number _____

Address _____

Estimated Payment

(see instructions on back)

\$ _____, _____, _____.00

*Signature _____

PAYMENT MUST ACCOMPANY RETURN

Name/Title _____

Telephone _____

*Must be signed by the President, Treasurer, Secretary, Chief
Accounting Officer, or Attorney-in-Fact of a Reciprocal Insurer.

Make check payable to :

Treasurer, State of Maine

Send return with check to:

Maine Revenue Services, P.O.Box 9120

Augusta, ME 04332-9120

INSTRUCTIONS

Estimated Payment. Every fire insurance company or association that does business or collects premiums or assessments in Maine is required by statute to pay **1.4%** of the gross direct premiums for fire risks written in Maine, less the amount of all direct return premiums and all dividends paid to policyholders on direct fire premiums. The tax must be paid on an estimated basis at the end of each month, with each installment equal to at least 1/12 of the estimated total tax to be paid for the current calendar year. \$, , .00

INTEREST & PENALTY

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The penalty for failure to pay a tax liability timely is 1% of the outstanding liability for each month or fraction thereof during which the failure continues, to a maximum of 25% of the outstanding liability.

STATUTORY REFERENCES

This return is made in compliance with 36 M.R.S.A. § 2521-A and 25 M.R.S.A. § 2399.

INSTRUCTIONS

Estimated Payment. Every fire insurance company or association that does business or collects premiums or assessments in Maine is required by statute to pay **1.4%** of the gross direct premiums for fire risks written in Maine, less the amount of all direct return premiums and all dividends paid to policyholders on direct fire premiums. The tax must be paid on an estimated basis at the end of each month, with each installment equal to at least 1/12 of the estimated total tax to be paid for the current calendar year. \$, , .00

INTEREST & PENALTY

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STATUTORY REFERENCES

This return is made in compliance with 36 M.R.S.A. § 2521-A and 25 M.R.S.A. § 2399.

INSTRUCTIONS

Estimated Payment. Every fire insurance company or association that does business or collects premiums or assessments in Maine is required by statute to pay **1.4%** of the gross direct premiums for fire risks written in Maine, less the amount of all direct return premiums and all dividends paid to policyholders on direct fire premiums. The tax must be paid on an estimated basis at the end of each month, with each installment equal to at least 1/12 of the estimated total tax to be paid for the current calendar year. \$, , .00

INTEREST & PENALTY

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The penalty for failure to pay a tax liability timely is 1% of the outstanding liability for each month or fraction thereof during which the failure continues, to a maximum of 25% of the outstanding liability.

STATUTORY REFERENCES

This return is made in compliance with 36 M.R.S.A. § 2521-A and 25 M.R.S.A. § 2399.

**FORM INS-2****Due 10/31/06****MAINE ESTIMATED MONTHLY RETURN FOR
FIRE INVESTIGATION AND PREVENTION TAX****October, 2006*****0631000*****Instructions and worksheet are on the reverse side of this return.**

Company _____

MRS Insurance Account Number _____

Address _____

Estimated Payment

(see instructions on back) \$ _____ .00

*Signature _____

PAYMENT MUST ACCOMPANY RETURN

Name/Title _____

Telephone _____

*Must be signed by the President, Treasurer, Secretary, Chief
Accounting Officer, or Attorney-in-Fact of a Reciprocal Insurer.

Make check payable to :

Treasurer, State of Maine

Send return with check to:

Maine Revenue Services, P.O.Box 9120

Augusta, ME 04332-9120

**FORM INS-2****Due 11/30/06****MAINE ESTIMATED MONTHLY RETURN FOR
FIRE INVESTIGATION AND PREVENTION TAX****November, 2006*****0631000*****Instructions and worksheet are on the reverse side of this return.**

Company _____

MRS Insurance Account Number _____

Address _____

Estimated Payment

(see instructions on back) \$ _____ .00

*Signature _____

PAYMENT MUST ACCOMPANY RETURN

Name/Title _____

Telephone _____

*Must be signed by the President, Treasurer, Secretary, Chief
Accounting Officer, or Attorney-in-Fact of a Reciprocal Insurer.

Make check payable to :

Treasurer, State of Maine

Send return with check to:

Maine Revenue Services, P.O.Box 9120

Augusta, ME 04332-9120

**FORM INS-2****Due 01/02/07****MAINE ESTIMATED MONTHLY RETURN FOR
FIRE INVESTIGATION AND PREVENTION TAX****December, 2006*****0631000*****Instructions and worksheet are on the reverse side of this return.**

Company _____

MRS Insurance Account Number _____

Address _____

Estimated Payment

(see instructions on back) \$ _____ .00

*Signature _____

PAYMENT MUST ACCOMPANY RETURN

Name/Title _____

Telephone _____

*Must be signed by the President, Treasurer, Secretary, Chief
Accounting Officer, or Attorney-in-Fact of a Reciprocal Insurer.

Make check payable to :

Treasurer, State of Maine

Send return with check to:

Maine Revenue Services, P.O.Box 9120

Augusta, ME 04332-9120

INSTRUCTIONS

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STATUTORY REFERENCES

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INSTRUCTIONS

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